

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L08817 (3)

1. Corporation Name

Federal warehouse Corp. #4

Principal Place of Business

Mailing Address

1090 Commerce Blvd  
SARASOTA, FL 34243

Federal warehouse Corp.  
P.O. Box 3749  
SARASOTA FL  
34230

3. Date Incorporated or Qualified 8/10/1989	3a. Date of Last Report 1/19/96
4. FEI Number 65-0135064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Riggs, Stanley A.  
1201 Tallevast Rd  
SARASOTA, FL 34243

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY- ST- ZIP	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY- ST- ZIP	2.3 STREET ADDRESS	2.4 CITY- ST- ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY- ST- ZIP	3.3 STREET ADDRESS	3.4 CITY- ST- ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY- ST- ZIP	4.3 STREET ADDRESS	4.4 CITY- ST- ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY- ST- ZIP	5.3 STREET ADDRESS	5.4 CITY- ST- ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY- ST- ZIP	6.3 STREET ADDRESS	6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-97 (941) 359-1100

Date Daytime Phone

CR2E034 (9/96)